

APPLICATION – 2019 MMSD SALT REDUCTION REBATE

1. Facility Name: _____ Contact Person: _____
2. Facility Address: _____
3. Salt use of existing softening system(s) last year: _____ pounds (*include only the salt use of the system(s) to be replaced or upgraded in this project*)
→Attach the *Softener Salt Use Calculation sheet* to demonstrate how this figure was determined.
4. Brief description of project (for example, softener replacement; brine reclaim; use of alternative technology; etc.):
5. Estimated **monthly** salt reduction due to project: _____ pounds per month
6. Total project cost: \$ _____ 75% of total project cost: \$ _____
7. Estimated rebate amount: Based on your estimated average salt reduction per month (or intended elution study/resin analysis), check which rebate(s) you qualify for and indicate the number and total award. **Awards will be equal to the corresponding rebate amount OR 75% of the total project cost, whichever is lower.**

Study	Rebate Amount*	Number	Total Award
Elution Study	\$350 or 75% of project cost		\$
Resin Analysis	\$150 or 75% of project cost		\$
Salt reduction (pounds per month)			
100-250	\$250 or 75% of project cost		\$
251-499	\$500 or 75% of project cost		\$
500-1499	\$1000 or 75% of project cost		\$
1500-2499	\$2000 or 75% of project cost		\$
2500-3499	\$3000 or 75% of project cost		\$
3500-5000	\$5000 or 75% of project cost		\$
Greater than 5000	\$1 per pound salt reduced per month, or 75% of project cost		\$

8. Approximate date of project completion/installation: _____
9. Signature of authorized company representative: _____
10. I understand that MMSD may decide to use my project as a case study and I agree to work with MMSD to share elements of this project in MMSD outreach: Yes No
11. Date: _____

Submit this completed application, softener salt use calculation sheet, and quote for project cost by email to Emily Jones at MMSD, EmilyJ@madsewer.org, with the subject line “Salt Saver Rebate Application.”